Tennessee State Prevention Enhancement (SPE) Strategic Plan

July 2012

Table of Contents

Tennessee State Prevention Enhancement (SPE) Strategic Plan
July 2012

Background

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) applied for the Substance Abuse and Mental Health Services (SAMHSA) State Prevention Enhancement (SPE) planning grant in order to strengthen Tennessee's prevention infrastructure. Through this grant, key state departments and other stakeholders engaged in prevention efforts in Tennessee were able to come together to identify new opportunities to collaborate in addressing significant needs throughout the state. This strategic plan is the "product" of an eight-month inter-departmental dialogue and planning process involving representatives of both public and private agencies from the state level and from local communities. These individuals have worked diligently to establish a sustainable collaborative framework that will enhance the State's capacity to identify, address and achieve prevention outcomes cost effectively in the years ahead. The plan – including five-year strategic goals and measurable indicators as well as 2012/13 objectives and action items – is intended as a blueprint for continued collaboration that will be updated annually as the group builds upon their shared understanding of prevention needs and develops optimal strategies to address these needs in Tennessee.

The Tennessee SPE collaborative structure includes the Policy Consortium, comprised of decision makers from lead agencies for this effort and two Work Groups made up of representatives from key state agencies and community organizations. By design, the SPE planning process has brought together prevention advocates, planners, funders and providers from the state and local level and from the public and private sectors. The SPE Policy Consortium has led the effort to develop this strategic plan and also to ensure that this collaborative effort will be sustained. The Shared Services and Training/TA Work Group and the Data/Evaluation Work Group members have done the hard work of ensuring that the objectives and action items in this plan are relevant to identified community needs and are aimed at increasing the level of collaboration across the state. The planning process also provided opportunities for a Provider Team, made up of local community coalition representatives and other providers, to review and provide suggestions to this plan.

Priority Prevention Needs In Tennessee

The cost of substance use disorders in Tennessee is consistent with the nation as a whole. According to recent estimates, substance use costs society at least $467 billion each year in health care expenditures, forgone earnings, and costs related to criminal activity and accidents. These costs include local, state and federal governmental spending on public safety, justice, education, health care, and family and child welfare

systems that must address substance use problems, placing a substantial drain on public resources. There are, however, encouraging developments that underscore the value of well-executed prevention strategies. Behavioral health practitioners and researchers have significantly expanded the knowledge base about contributors to substance abuse disorders, the consequences of specific behaviors, and interventions that are effective in preventing consequences by changing behaviors, changing conditions that impact those behaviors, or preventing harmful consequences. As a result, the potential for decreasing the negative consequences and associated costs of substance abuse disorders has dramatically improved in the past decade (CASA, 2009). The SPE Policy Consortium members have whole-heartedly endorsed the investment of resources in prevention efforts through a coordinated approach that ensures limited funds are targeted at priority needs and used cost effectively.

Early in the SPE planning process, Policy Consortium and Work Group members were interested in creating a shared definition of prevention to guide the focus of this collaboration. Participants recognized that it was important to define a prevention focus that would be relevant and meaningful to each agency's mission and also not so broad as to dilute their combined efforts. There was consensus that substance use disorders are significant in terms of consequence for all participating organizations, and that increasing protective factors for health and wellness and decreasing risk factors are fundamental prevention strategies. The group agreed that the following working definition of prevention would be used to help shape the strategic plan:

Strategies to increase protective factors for health and wellness of Tennesseans and decrease risk factors for substance use and its consequences.

The Tennessee Division of Substance Abuse Services conducts and periodically updates a statewide needs assessment to determine priority needs and to identify specific populations that are of particular interest in designing prevention and treatment services. In FY 2010, the Tennessee Statewide Assessment of Substance Use Disorders Prevention and Treatment Needs was conducted with an emphasis on identification of evidence-based practices and delivery systems targeted for specific populations. Additionally, the Division completed a study called the 2010 Economic Costs of Alcohol and Drug Abuse in Tennessee which estimates that: the total cost of alcohol and drug abuse in Tennessee in 2008, was $4.8 billion inclusive of social and medical costs. These assessments provided the impetus for the SPE Policy Consortium to include underage drinking and adult problem drinking as well as tobacco use among youth and adults as priority substances use areas that require strategic goals within the SPE Prevention Plan.

Another priority area that is increasingly in the news and on the minds of the citizens of Tennessee and the nation is use and misuse of prescription drugs. In fact, Governor Bill Haslam of Tennessee convened a Governor's Subcabinet to develop a measurable public safety action plan to have a significant impact on crime in Tennessee. This

groundbreaking effort brought leaders from 11 state departments together to create a multi-strategy action plan designed to reduce drug abuse and drug trafficking, curb violent crime and cut the rate of repeat offenders. Among the findings of this group of state leaders is the alarming increase in use of controlled prescription drugs throughout the state. Unfortunately, Tennessee ranks #2 in use of specific prescription opioids (hydrocodone, alprazolam and oxycodone) in the nation with a total of 94 of these combined drugs prescribed for every Tennessean over the age of 12. The impact of the prescription drug epidemic in Tennessee is enormous with accidental overdoses; increased numbers of children entering state custody due to parental substance abuse; increased numbers of adolescents entering the juvenile justice system with a substance abuse problem; elevated consequences of impaired driving; and a significant loss of productivity in the workforce. These concerns were evaluated and considered by the SPE Policy Consortium and they decided to include prescription drugs as a strategic goal in the State Prevention Plan.

During the planning process, SPE Policy Consortium and Work Group members learned about another issue impacting far too many Tennesseans: the less visible epidemic of suicide. In Tennessee, an estimated 932 men, women, and youth died by suicide—more than the number who died from homicide, AIDS, or drunk driving. Suicide is the third leading cause of death among youth and young adults ages 10-24 in Tennessee and throughout the entire nation. In 2010, the rate of suicide in Tennessee was 14.7 per 100,000 individuals, higher than the national average of 10.8 per 100,000 individuals, which unfortunately, places Tennessee's suicide rate 14th in the nation.

In order to address the growing and devastating rate of suicides and suicide attempts, the Tennessee Suicide Prevention Network (TSPN) was founded in2001. TSPN is a coordinated network comprised of eight regional groups throughout the state with the responsibility to implement the Tennessee Strategy for Suicide Prevention. The leaders of TSPN were invited to join the SPE Work Group as its members recognized the potential to support TSPN's prevention efforts through the SPE collaborative framework. More than 30% of individuals who attempt suicide are impaired by use of drugs or alcohol and the opportunities to expand its education and screening efforts through collaboration were welcomed by the TSPN. A report of Suicide Statistics for all Tennessee Residents 2002-2010 is attached to this plan.

TN SPE Framework and Process

SPE Framework

The TDMHSAS, Division of Substance Abuse Services (DSAS) is committed to and has implemented the principles of the Strategic Prevention Framework (SPF) within the state's substance abuse prevention delivery system since 2006. The SPF approach has also been the guiding framework in development of this plan. The SPE Policy Consortium and Work Group members recognized the importance of this process in

building a statewide inter-departmental prevention system that is responsive to the needs of communities throughout the state to ultimately improve the lives of Tennesseans:

- **Assess Needs:** Critical to guide prevention efforts through regularly updated needs assessment that identifies prevalent and emerging issues. Assessment results are the platform for creating a responsive system where resources are allocated to the highest areas of need.

- **Build Capacity**: Commitment to collaboration, resource sharing, and cross training across the prevention field will maximize both human and material resources.

- **Plan Strategically:** Data driven strategic planning focuses the efforts of public and private, state level and local community organizations on common goals.

- **Implement effective programs, policies and practices:** Effective prevention strategies use evidence-based interventions for which research has demonstrated effectiveness. In addition, assessment and evaluation of the implementation process allows for appropriate modifications.

- **Evaluate efforts for outcomes:** Data driven prevention strategies can demonstrate measureable change and results.

Resource Allocation Plan

Policy Consortium members have agreed that the SPF is the most effective method for identifying prevention priority needs. They also agreed that when extended to the local level, the SPF could be used to identify where and how resources are allocated to provide the greatest effect. Members have determined that the partnership could, over time, alter their funding methodology; however, the need to provide services in all regions of the state is mandated and will continue to be a requirement of departments to ensure services are available to all Tennesseans.

Tennessee SPE Structure and Roles

The SPE Policy Consortium members who lead this planning effort made a commitment from the onset of the process to work across departmental lines to strengthen the statewide prevention infrastructure. These decision makers (individual participants listed in Appendix C) from the following organizations have also agreed to provide oversight for implementation of the plan and the systems developed by the project:

- TDMHSAS, Division of Mental Health Services
- TDMHSAS, Division of Substance Abuse Services
- Tennessee Primary Care Association
- TN Alcoholic Beverage Commission
- TN Bureaus of Health Services

- TN Department of Children's Services, Division of Juvenile Justice
- TN Department of Education, Office of Safe & Supportive Schools

Finally, the Policy Consortium members developed an Inter-departmental Agreement (Appendix A) to define roles and expectation and shared understandings for how the TN SPE initiative will be sustained going forward.

The SPE Work Groups assisted the Policy Consortium in development of the TN SPE Strategic Plan by identifying important capacity needs as well as desired outcomes to address in the plan. The two SPE Work Groups (Appendix C) also have committed to serve in specific roles to implement the plan:

- **The Coordination of Services/TA & Training (CSTT) Work Group** will study, provide recommendations and implement initiatives designed to coordinate, leverage, and/or redirect substance abuse prevention resources in order to achieve stronger prevention outcomes statewide. The CSTT Work Group will also study, provide recommendations and implement initiatives designed to strengthen technical assistance and training programs available to meet the needs of prevention professionals throughout the state.

- **The Data Collection, Analysis Reporting and Performance/Evaluation Work Group** shall serve as the State Epidemiology Outcomes Work Group (SEOW). The SEOW will facilitate the use of data in prevention decision-making and will study, provide recommendations and implement initiatives designed to evaluate both process and outcome data as outlined in the SPE Plan, implement Quality Improvement (QI) methodologies, and establish new or enhance systems to collect and analyze data, and seek to find new ways to aggregate community level data.

The specific meeting requirements, leadership structure and other operational guidelines for the SPE Policy Consortium and Work Groups are outlined in the Tennessee Prevention Policy Consortium Interdepartmental Agreement (attached to this plan).

TN SPE Planning Process

The TN SPE structure was essential not only for the development of this plan, but was also "tested out" as the Policy Consortium and Work Groups developed the four capacity building "mini plans" submitted to SAMHSA during the third month of the planning process. As the Work Group members learned about current statewide and community-based prevention services, they became increasingly aware of the opportunities to better coordinate and leverage these resources for greater effect. For example, the Division of Substance Abuse Services was awarded a 2012 Screening, Brief Intervention and Referral (SBIRT) to Treatment Grant whose concepts the Department of Health now wishes to integrate into primary health provider settings throughout the

state. This SBIRT objective along with many others in the state's plan is a direct result of the planning and assessment process established by the Policy Consortium. They also identified many of the critical issues that are driving the need for change including health care reform, emerging and growing substance abuse and mental health needs, the importance of implementing evidenced-based strategies to address specific needs; engagement of local communities, elimination of duplicated services and better use of limited resources for greater impact. During their first meetings, both the Policy Consortium and Work Group members discovered that they hold a common vision for strengthening the infrastructure of prevention services in TN including establishment of a data-driven and coordinated service delivery system; shared use of data; enhanced capacity to measure process and outcomes; and better use of limited resources. The following four goals articulated in the capacity building plans – and the group's progress in implementing the goal – were created from their shared vision and helped to lay the groundwork for this SPE strategic plan.

Capacity Building Goals and Progress in Implementation of Mini Plans:

Coordination of Services: Coordinate, leverage and/or redirect substance abuse prevention resources to support an effective prevention system in Tennessee.
Progress:

- *Design of website (www.TNPrevent.org) functionality and content underway; Website to be launched by mid -year 2013 provided that funding is available to complete development;*
- *Initial inventory of prevention strategies represented by Policy Consortium and Work Group members completed;*
- *Inter-departmental Agreements will ensure entry of prevention services data to a centralized collection and reports system by mid-year 2013 provided that funding is available to complete enhancements.*

Training and Technical Assistance: Establish a system for the delivery of technical assistance and training that maximizes collaboration and cooperation, minimizes funding and staffing redundancies and is responsive to the needs of prevention professionals.
Progress:

- *Design of website (www.TNPrevent.org) functionality and content underway; Website to be launched by mid -year 2013 provided that funding is available to complete development;*
- *Inter-departmental Agreement will increase access to training and technical assistance for prevention professionals*

Data Collection, Analysis and Reporting: Establish and share data sets (process and outcome) in order to collaborate in the planning, delivery and evaluation of statewide prevention services and outcomes.

Progress:

- *Initial identification and sharing of data sources currently used by Work Group members;*
- *Reached agreement on indicators for strategic plan goals;*
- *Inter-departmental Agreement includes data sharing agreements that will facilitate establishment of collecting, analysis and reporting of shared data sets;*
- *The SPE Data/Evaluation Work Group has agreed to serve and defined its role as the Statewide Epidemiology and Outcomes Work Group (SEOW);*
- *Modify existing data reporting (TN WITS) system to allow for partnering departments enter service information and to generate reports.*

Performance and Evaluation: Develop the capacity to collaborate in the evaluation of process and outcome measures for shared prevention indicators at the community and statewide level.

Progress:

- *Consensus on logic model approach as framework to evaluate process and outcome measures;*
- *The SPE Data/Evaluation Work Group has agreed to serve and defined its role as the Statewide Epidemiology and Outcomes Work Group (SEOW);*
- *The SEOW has agreed to identify core measures, 5-year target measures, and process measures for approval by the Policy Consortium. Specific outcome measures (i.e. past 30-day use) for each primary (tobacco, alcohol, prescription drugs, suicide) planning element and objective will be established and the SEOW will conduct sufficient literature research to recommend 5-year outcome measures for consideration of the Policy Consortium.*
- *SEOW members have agreed to participate in the development of an annual implementation planning process to identify those process measures that are most instructive to evaluating service(s) deliver effectiveness and for periodic adjustments to the plan.*

Another important group of stakeholders included in the TN SPE planning process are the local community providers of prevention services and strategies. This Provider Team (Appendix C) includes representatives from community coalitions throughout the state and other community-based prevention providers. The Provider Team reviewed and made suggestions about the four capacity building mini-plans as well as the SPE strategic plan. Their input has been invaluable in ensuring that the strategic plan is aligned with and supports the efforts of local community providers. It is anticipated that this group will continue to plan a role in the review and implementation of the SPE strategic plan.

Once the Policy Consortium approved and submitted the four capacity building plans, the Work Groups began to focus longer term to develop the strategic goals that make

up this plan. The following schedule recaps activities and milestones for the 10-month SPE planning process.

SPE Policy Consortium and Work Group Activities/Milestones

MONTH 1 – October 2011

- TN SPE project team (TDMHSAS, Center for Nonprofit Management) convenes to create workplan/timeline to support Policy Consortium and Work Group efforts
- Policy Consortium members participate in individual interviews to review SPE focus and commitment; provide initial input about opportunities to strengthen current prevention system
- Begin identification and recruitment of SPE Work Group members

MONTH 2 – November 2011

- Policy Consortium Meeting #1 – review of project and commitments; development of shared vision for success; discussion of current prevention data sources and potential for collaboration
- Work Groups Meeting #1 - review of project and commitments; development of shared vision for success; identification of strengths and weaknesses of current prevention system; resource identification process begins for current prevention services, training/ta, data collection and evaluation

MONTH 3 – December 2011

- Work Groups Meeting #2 – identification of capacity building priorities and goals; development of objectives for shared services, ta/training, data collection and evaluation; recommendations for four mini plans
- Policy Consortium Meeting #2 – review and approval of capacity building mini plans; initial identification of key areas to address in Memo of Understanding (MOU)/Inter-departmental Agreement; discussion of need to sustain collaborative effort
- Policy Consortium and Work Groups endorse concept of developing a website (www.TNPrevent.org) as a tool for collecting and sharing prevention resources, professional development opportunities, data sources and to provide a forum for communication among prevention professionals
- SPE Capacity Building Mini-Plans (version 1) submitted to SAMHSA

MONTH 4 – January 2012

- Work Groups Meeting #3– continued work on website design; inventory of shared prevention resources; identification of current data sources; refinement of capacity building plans.
- Provider Team Meeting #1 – overview of TN SPE initiative; input on capacity building plans; identification of opportunities to strengthen coordination of statewide policy and services with local community efforts .

MONTH 5 – February 2012

- Policy Consortium Meeting #3 – begins development of SPE strategic goals, common definition for prevention; identification of specific items to include in MOU and potential sustainability needs (post planning period).

MONTH 6 – March 2012

- Work Groups Meeting #4– continued work on website design; inventory of shared prevention resources; identification of current data sources; review of logic model (New Mexico template) as framework for targeting services and evaluating outcomes; development of SPE strategic goals and identification of indicators
- SPE Capacity Building Mini-Plans (version 2) submitted to SAMHSA.

MONTH 7 – April 2012

- SPE participants complete survey of current prevention strategies related to proposed strategic plan goals.
- Work Groups Meeting #5 – review of survey results; further development and review of recommendations for SPE strategic plan goals, objectives and indicators.

MONTH 8 – May 2012

- Work Groups Meeting #6 – further development of SPE strategic goals including presentation by TN Suicide Prevention Network (TSPN) on current prevention strategies; Data Collection/Evaluation Work Group defines role of SEOW as part of implementing SPE strategic plan; Further identification of benefits, responsibilities and structure for Shared Services/Training and TA Work Group.
- Complete initial draft of SPE Strategic Plan goals, objectives, and indicators.
- Complete working draft of SPE Policy Consortium MOU.

MONTH 9 – June 2012

- SPE Policy Consortium members participated in individual meetings with staff to review SPE strategic plan, MOU and project sustainability.
- Gather list of Policy Consortium grantees and providers who will have access to www.TNPrevent.org; continue to identify and collect content for website.

MONTH 10 – July 2012

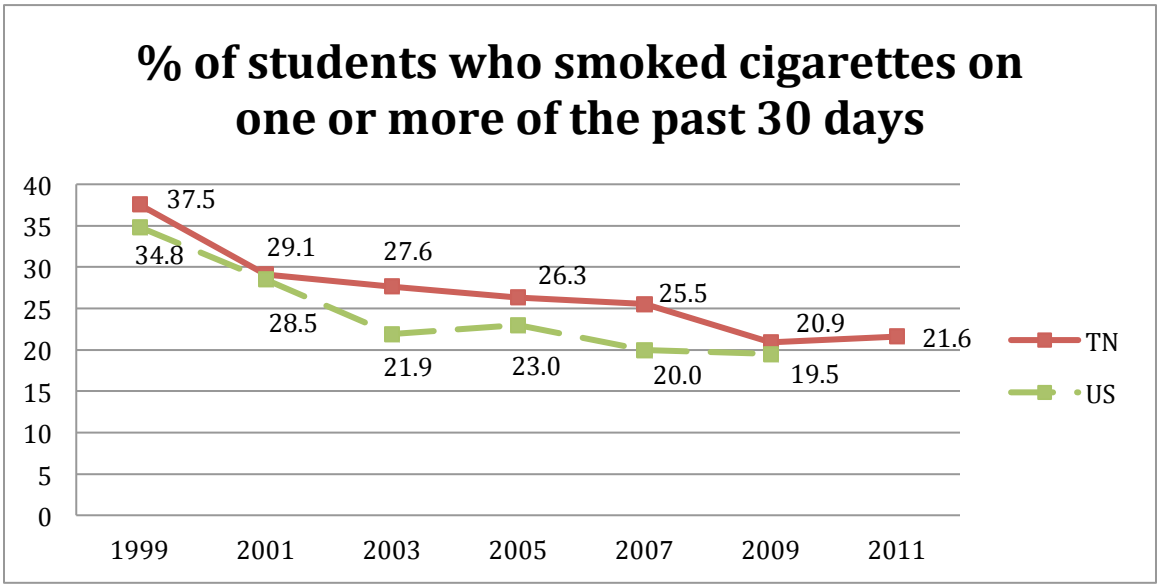
- Work Groups Meeting #7– finalize recommendations for SPE strategic plan; begin process to select leadership (co-chairs) of each Work Group and further define roles and responsibilities of each Work Group in implementing and updating the SPE strategic plan.
- Provider Team Meeting #2 – reviews and provides input on SPE strategic plan; identification of opportunities to strengthen coordination of statewide policy and

services with local community efforts; presentation on TSPN strategies and on Prescription Drug initiative.
- Policy Consortium Meeting #4 – review and approve final version of SPE strategic goals and MOU; set schedule and define roles for transition to implementation.
- Submit no cost extension to SAMHSA to complete infrastructure enhancements identified by workgroups.
- When required submit TN SPE Strategic Plan to SAMHSA.

Policy Consortium Selected Data

The Policy Consortium reviewed data developed by the Data Collection Workgroup and identified several areas of concern and action. From this information the following observations were developed.

Tobacco Use



According to the Youth Risk Behavioral Surveillance System (YRBSS) fewer Tennessee high school students smoked cigarettes in the past 30 days between 1999 and 2011. After dramatic decreases in tobacco use between 1999 and 2001, the decline in cigarette smoking has decreased at a slower rate, with a slight uptick in Tennessee between 2009 and 2011. According to2011 YRBS data the past 30-day use rate for cigarettes by youth in Tennessee is 21.6% compared to the most recent national rate of 19.5%. The chart below depicts the use of cigarettes by youth in Tennessee over time.

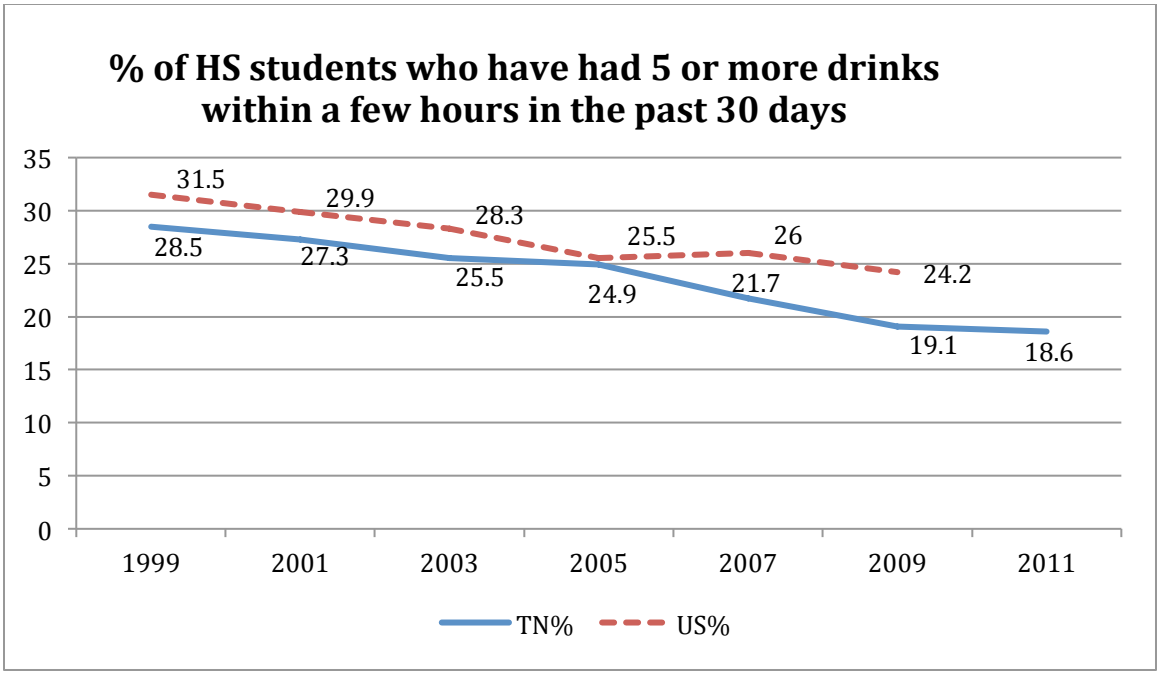
Among 10th and 12th graders in PFS counties, the 30-day smoking rate was 24 percent. The higher prevalence may be due to the omission of 9th graders in the PFS sample, who

have a lower smoking prevalence rate. However, given this trajectory it is apparent that additional efforts to prevent or delay the onset of tobacco use are necessary.

SAMHSA's State Estimates of Substance Use and Mental Disorders (2008-2009) National Surveys on Drug Use and Health for adult tobacco use is also disturbing. According to this survey Tobacco product use in the past month among persons aged 18 to 25 is between 42% and 45% and for those aged 26 and over the use rate is between 32% and 38%.

Policy Consortium members have determined that tobacco use will be addressed as part of their joint strategies. Members are concerned that recent increases in youth use is a reflection of the adult community use of tobacco products and that both need to be addressed.

Alcohol Use



According to the Youth Risk Behavioral Surveillance System (YRBSS) fewer Tennessee high school students engaged in binge drinking between 1999 and 2011. While the year-to-year decrease in binge drinking is somewhat modest, the overall trend shows that the percentage of students who reported binge drinking in the past 30 days decreased consistently over the past 12 years. In 2011, less than one-fifth of students engaged in binge drinking, down from almost one-third of students in 1999.

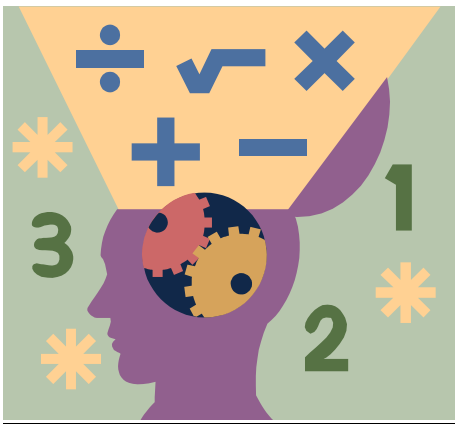
Tennessee's efforts toward statewide initiatives to curb youth binge drinking, including the TN-SPF-SIG and TN-PFS projects, are reflected in this data. While the national binge

drinking rate has also decreased from almost one-third of high school students in 1999 to just under one-quarter in 2009[1], the national downward trend has not been as sustained or as dramatic as in Tennessee.

Among 10th and 12th graders in PFS counties, the 30-day binge drinking rate was 27 percent. The higher prevalence may be due to the omission of 9th graders in the PFS sample, who have a lower rate of binge drinking. However, given this trajectory and Tennessee's continued efforts to reduce binge drinking among high school students, it is likely that this downward trend can be maintained provide that prevention efforts are continued.

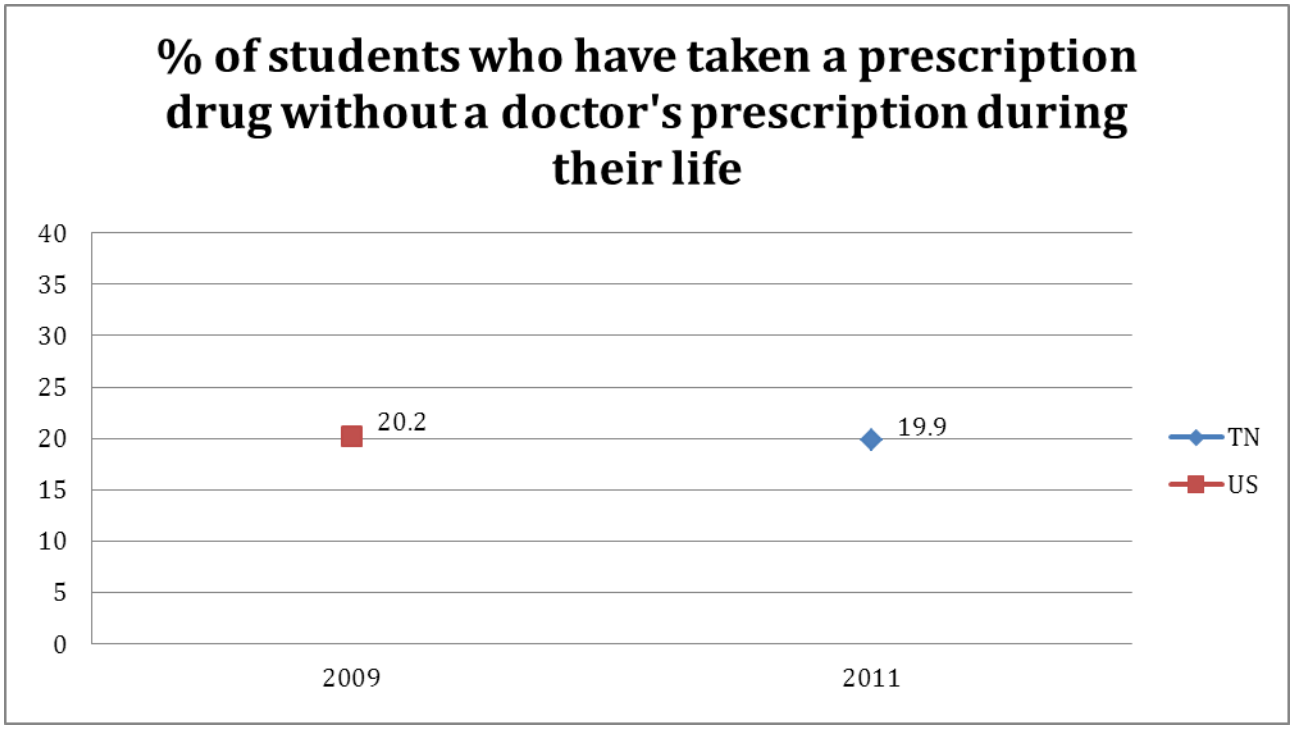
SAMHSA's State Estimates of Substance Use and Mental Disorders (2008-2009) National Surveys on Drug Use and Health for adult binge alcohol use is promising when compared to national trends. According to this survey binge alcohol use in the past month among persons aged 18 to 25 is between 23% and 37% and for those aged 26 and over the use rate is between 13% and 20%.

Policy Consortium members have determined that binge alcohol use will be addressed as part of their joint strategies. Members are concerned that decreases in youth use is directly related to the focus of prevention efforts in this area over the last five years and that the downward trend could be reversed if efforts were decreased. Adult use of alcohol in Tennessee is below the national average but is still the substance of choice for patents entering substance abuse treatment programs and recent increases in the number of motor vehicle fatalities with alcohol involvement are disturbing to Consortium members. Members have determined that both adult and youth binge alcohol use must be addressed.



[1] The 2011 data are available for Tennessee, but will not be available nationally until early summer 2012.

Non-medical Prescription Drug Use



The YRBS has only recently started measuring prescription drug use, so it is too early to identify trends in youth use. However, a comparison of a of use rates shows Tennessee's high school students in 2011, is in alignment with the national average in 2009, with a use rate of approximately 20%. Among 10th and 12th graders in PFS counties, the lifetime prescription drug use rate was much lower, at 15%. The reduced rate of use in PFS counties may be due to a heightened focus and resource allocation in these counties for prevention of all drug use, including prescription drug take-back and other educational events.

According to the CDC Tennessee's non-medical use of prescription drugs has reached epidemic rates. In 2010, the three most prescribed controlled substance in Tennessee were 275.5 million pills of hydrocodone (e.g., Lortab, Lorcet, Vicodin), 116.6 million pills of alprazolam (e.g., Xanax), and 113.5 million pills of oxycodone (e.g. OxyContin, Roxicodone). This number represents 51 pills of hydrocodone, 22 pills of alprazolam (Xanax), and 21 pills of oxycodone for EVERY Tennessean above the age of 12. The number of accidental drug overdoses in Tennessee has increased from 301 (2001) to 887 (2010). This represents nearly a 200% increase in less than 10 years. Of those receiving state-funded treatment services, abuse of prescription opioids is second only to alcohol. At the current rate of admission to state-funded treatment, prescription opioids will be the number one presenting substance within the next two years.

The rate of non-medical use of prescription medications by Tennessee adults is alarming. Policy Consortium members have determined that both adult and youth use must be addressed to avoid a greater numbers of youth becoming active abusers of these substances.

TN SPE Goals, Objectives and Action Items

Five-Year Goals and Indicators, 2012/13 Objectives and Action Items

The SPE Policy Consortium and Work Groups have identified five strategic goals and objectives that are the framework for collaborative prevention efforts to be implemented from FY 2012/13 – FY 2015/16. While this plan will be updated annually based on progress in achieving specific outcomes, the 2012/13 plan includes an emphasis on further developing the collaborative structure to sustain the longer-term commitment. In some cases, this means gathering baseline data so more specific shared targets can be set for 2013/14. If the development and enhancements identified by the Policy Consortium are completed it is anticipated that with each year of implementation, there will be an increased use of shared data, greater leveraging of resources and stronger capacity to target and measure the results of prevention strategies in each of the goal areas.

Goal 1: With primary prevention as the focus, increase the capacity of the service system to build emotional health and prevent or delay onset of, and mitigate symptoms and complications from, substance abuse and mental illness.

Objective 1.1	**WHO**
Objective 1.1: Increase the number of individuals working in the field of prevention who attain relevant certification and/or are trained in identified competencies in the prevention area.	
Action Items	
Increase the number of International Certification and Reciprocity Consortium (IC and RC) certified prevention professionals.	DMHSAS
Increase the number of attendees at TN Anti-Tobacco Advocacy Initiative prevention trainings.	DOH/TNMHSAS
Objective 1.2	**WHO**
Objective 1.2: Increase the availability of professional development opportunities that meet identified needs of the prevention workforce.	
Action Items	

Inventory and compile a list of prevention resources including training and technical assistance and other resources currently available in TN.	SPE Workgroup
Collect information from all identified training and technical assistance resources, including: contact information; what is provided by each TA or training resource; locations where TA or training is offered; costs associated with the TA or training; length of time required, and competencies gained and requirements met (e.g. prevention certification) by the training.	SPE Workgroup
Establish a cross-departmental web based training and TA information and scheduling method.	DMHSAS/EMT

Objective 1.3	**WHO**
Objective 1.3: Develop a multi-agency prevention website that includes prevention resources, data sources, training opportunities, and technical assistance availabilities.	
Action Items	
Develop and launch the TNPrevent.org website.	DMHSAS/EMT
Maintain and keep content current on website.	DMHSAS/EMT
Evaluate usage and effectiveness of website and upgrade as needed.	SPE Workgroup

Objective 1.4	**WHO**
Objective 1.4: Implement the leadership and workgroup structure needed to sustain a public/private collaborative approach to building Tennessee's prevention capacity and achieving measurable outcomes.	
Action Items	
Formalize an MOU that supports participation and sustains the collaborative structure including Policy Consortium ad Work Groups (State Epidemiology Outcome Workgroup; Training and TA/Coordinated Services Work Group).	PC members
Implement the SPE Prevention Plan for FY 2012/13 and update for FY 2013/14.	PC and WG Members

Objective 1.5	**WHO**
Objective 1.5: Implement an evaluation plan for measuring outcomes of TN SPE Strategic Plan objectives in all goal areas.	

Action Items	
Identify and collect baseline data for current action items and indicators.	SEOW
Develop and implement shared evaluation strategy to measure and report progress, and to inform setting of shared targets during Year Two of the plan.	SEOW, PC and WG

Indicators: Goal 1	
Process: Number of certified prevention professionals; Number of professional development opportunities; Number of website hits; MOU in place and resources committed; Number of Policy Consortium meetings; Number of Work Group meetings.	

Goal 2: Prevent or reduce consequences of prescription drug misuse and abuse.

Objective 2.1: Increase evidence-based community -level strategies aimed at reducing prescription drug misuse and abuse.	**WHO**
Action Items	
Hold conference on prescription drug abuse.	DOH/DCS/DMHSAS
Screen for substance abuse at public health sites providing primary care and refer as needed.	DOH/DMHSAS
Provide case management to youth at risk or who have alcohol related offenses to include assistance in developing appropriate leisure time activities and referral to community partners.	DCS
Provide links on MNPH website to information and resources; offer educational group sessions; provide screenings, provider referrals and system navigation.	MNPH
Coordinate with and support the Prevention components of the Governor's Public Safety Subcabinet Working Group Action Plan.	PC and WG members
Fund community coalitions to implement a comprehensive implementation plan to reduce non-medical use of prescription drugs in their community and region.	DMHSAS
Develop a statewide media campaign targeting adults that address non-medical use of prescription drugs.	DMHSAS

Objective 2.2: Assist health care organizations and providers in developing expertise and standard protocols in the prevention of prescription drug abuse.	**WHO**
Action Items	

Implement SBIRT in additional sites; evaluate results and target expansion to new sites for FY 2013/14.	DOH/DMHSAS

Objective 2.3: Evaluate results of targeted prevention services to populations at high risk of prescription drug misuse and use.	**WHO**
Action Items	
Obtain and aggregate baseline data for indicators.	SPE SEOW

Objective 2.4	**WHO**
Objective 2.4: Increase exposure to prevention messages related to prescription drug abuse.	
Action Items	
Obtain and aggregate baseline data for indicators.	SPE SEOW

Objective 2.5	**WHO**
Objective 2.5: Increase the number of prescription drug take-back sites and events.	
Action Items	
Community coalitions will coordinate prescription drug take-backs and awareness campaigns	DMHSAS/DOH

Indicators: Goal 2	
Process: Number of persons trained on SBIRT, Number of permanent prescription drug take-back sites; Number of take-back events; Number of protocols developed	
Outcome: Number of Treatment Admissions where Prescription Drug Abuse is the primary presenting substance; Number of youth being admitted to DCS because of parental substance use; Number of infants born with Neonatal Abstinence Syndrome (NAS)	

Objective 3.1	**WHO**

Goal 3: Prevent or reduce consequences of underage drinking and adult problem drinking.

Objective 3.1: Increase the number of evidence-based community-level strategies aimed at reducing underage drinking.	WHO
Action Items	
Distribute information at clinics and health fairs throughout TN.	DOH/DMHSAS
Screen (SBIRT) for substance use by adolescents 13 years and older at public health sites providing primary care and refer as needed.	DOH/DMHSAS
Provide case management to youth at risk or who have alcohol related offenses to include assistance in developing appropriate leisure time activities and referral to community partners.	DCS
Deliver System of Care (SOC) services to 8 counties in TN including prevention services for enrolled youth.	DMH
Implement alcohol and drug abuse awareness campaigns throughout TN.	DMHSAS/DOH/GHSO/DCS/DOE
Increase the use of the Michigan evidence-based education curriculum with children and youth throughout TN.	DOE
Implement the Booze It and Lose It campaign to deliver prevention messages and increase law enforcement efforts aimed at reducing impaired driving injuries and fatalities.	GHSO
Conduct Parent School Climate Survey including baseline data on “drugs and alcohol are a problem at this school” in 27 districts (pilot sites) and provide districts with programmatic interventions as indicated.	DOE
Offer afterschool programs (21st Century Community Learning Centers and LEAP) as safe and drug free alternatives for students K-12 during the school year from 3:00 – 6:00 p.m.	DOE
Publish results of YRBS; Post links to Information and Resources on website; Offer screenings; provide referrals and assistance with system navigation.	MNPHD
Distribute prevention information to Regional Council members and offer training through 9 Development Districts of TN.	TCCY

Fund community coalitions to implement a comprehensive implementation plan to reduce underage/binge drinking in their community and region.	DMDSAS
Fund prevention agencies to evidenced based programs to selected and indicated populations.	DMHSAS
Develop a statewide media campaign targeting adults that address underage/binge drinking.	DHMSAS
Increase awareness of SBIRT and SBIRT billing codes and guidelines.	DOH/DMHSAS

Objective 3.2	**WHO**
Objective 3.2: Increase the number of evidence -based community-level strategies aimed at reducing adult problem drinking.	
Action Items	
Distribute information at clinics and health fairs throughout TN.	DOH/DMHSAS
Screen for substance abuse at public health sites providing primary care and refer as needed.	DOH/DMHSAS
Implement the Booze It and Lose It campaign to deliver prevention messages and increase law enforcement efforts aimed at reducing impaired driving injuries and fatalities.	GHSO
Analyze School Climate Survey results to determine prevalence and needs related to adult problem drinking.	DOE
Publish results of BRFS; Post links to Information and Resources on website; Offer screenings, provide referrals and system navigation.	MNPHD, other MHDs?

Objective 3.3	**WHO**
Objective 3.3: Evaluate results of targeted prevention services to populations at high risk of underage drinking.	
Action Items	
Obtain and aggregate baseline data for indicators.	SPE SEOW

Objective 3.4	**WHO**
Objective 3.4: Evaluate results of targeted prevention services to populations at high risk of adult problem drinking.	
Action Items	
Obtain and aggregate baseline data for indicators.	SPE SEOW

Objective 3.5	**WHO**
Objective 3.5: Assist health care organizations and providers in developing expertise and standard protocols in the prevention of underage drinking and adult problem drinking.	
Action Items	
Implement SBIRT in at multiple sites; evaluate results and target expansion to additional sites for FY 2013/14.	DOH/DMHSAS

Indicators: Goal 3	
Process: Number of alcohol citations for on and off-site sales; Number of education opportunities; Number of individuals completing education events; Number of Primary Healthcare sites where SBIRT is implemented	
Outcome: Past 30 day youth use of alcohol (YRBS), Past 30 day adult use of alcohol (BRFS), SBIRT data on alcohol outcomes at state level	

Goal 4: Prevent suicides and attempted suicides among populations at high risk.

Objective 4.1	**WHO**
Increase the number of evidence-based community-level strategies aimed at preventing suicides.	
Action Items	
Tennessee Suicide Prevention Network (TSPN) and its regional Networks develop and implement suicide prevention awareness campaigns in counties with high suicide rates.	TSPN & its regional Networks
Coordinate with alcohol and substance abuse treatment providers, antidrug coalitions, and other community partners to increase awareness of the importance of safe storage of firearms in preventing suicides.	TSPN

Objective 4.2	**WHO**
Increase the number of evidence-based community-level strategies aimed at	

preventing attempted suicides.	
Action Items	
Provide youth suicide prevention training to adults working with high-risk youth and youth in faith-based settings, especially teachers and other school staff Provide mental health resources and suicide prevention information to hospital emergency rooms.	JFI, TLC, and TSPN
Provide suicide prevention education to alcohol and substance abuse treatment providers and implement SAMHSA's TIP 50 training within alcohol and substance abuse treatment facilities alongside other SAMHSA materials.	TSPN
Provide mental health resources and suicide prevention information to hospital emergency rooms.	TSPN

Objective 4.3	**WHO**
Assist health care organizations and providers in developing expertise and standard protocols in the prevention of suicides and attempted suicides	
Action Items	
Implement universal use of a single risk screening tool among emergency rooms.	
Promote the National Suicide Prevention Lifeline (1-800-273-TALK) as the single point of contact for suicide prevention and crisis intervention information and resources for the general public.	

Indicators: Goal 4	
Process: Number of suicide prevention trainings conducted for mental health and public health professionals, police, school staff, and alcohol and substance abuse treatment professionals; Number of Emergency Department Resource Toolkit ("After an Attempt") brochures distributed in emergency rooms; Tennessee Suicide Prevention Network (TSPN) presence established in high suicide-rate counties identified in TSPN Annual Report; Number of awareness activities that increase awareness of the importance of safe storage of firearms; Number of people exposed to National Suicide Prevention Lifeline (1-800-273-TALK) through TSPN materials, exhibits, presentations, brochures, TSPN website, trainings, etc.; Number of emergency rooms using the risk screening tool identified in Objective 3.3.	
Outcome: Age-adjusted suicide rate (TSPN goal is to reduce to 14.5 per 100,000) as determined by Tennessee Department of Health; Calls received and triaged by crisis service providers that do not result in Emergency Room treatment collected from data administered by the Tennessee Department of Mental Health and Alcohol and Substance Abuse Services (TDMHSAS); Emergency room data on attempted suicides provided by Tennessee Department of Health (TDOH), Policy, Planning and Assessment, Division of Health	

Statistics.	
Consequence: Number of suicides in Tennessee (932 in 2010) as determined by Tennessee Department of Health (TDOH), Policy, Planning and Assessment, Division of Health Statistics; Number of attempted suicides that result in emergency room visits (approx. 4,000 annually) as determined by emergency department data provided to the TDOH Office of Health Statistics.	

Goal 5: Prevent or reduce tobacco use among youth and adults.

Objective 5.1	**WHO**
Objective 5.1: Increase evidence- based community- level strategies aimed at reducing tobacco use among youth.	
Action Items	
Coordinate educational, trainings and prevention activities with Anti-Tobacco Advocacy Initiative (ATAI) with the National Tobacco Control Program (NTCP) to impact 4 goal areas including preventing initiation of tobacco use among young people, eliminating nonsmokers' exposure to secondhand smoke, promoting quitting among adults and young people, and identification and elimination of tobacco-related disparities.	DOH
Conduct and support statewide tobacco control advocacy initiatives through the TN Anti-Tobacco Advocacy Program (TATAP) and by assisting the Tobacco Use Prevention and Control Program (TUPCP) in conducting advocacy activities – examples around the state include West TN Slam Dunk Tobacco, Middle TN Tobacco Prevention Quilt Wall and East TN Kick Butts Day Carnival	DOH
Form and/or facilitate organized youth advocacy groups to develop policy and program initiatives to reduce youth tobacco use, eliminate the sale of tobacco products to youth and increase the knowledge of harmful effects of tobacco	DOH/DMHSAS
Partner with community organizations/coalitions to plan, provide and/or participate in tobacco related social marketing campaigns that include local media coverage to advance public awareness and initiate a change in tobacco related social norms such as, the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Public Health Week, and Take A Loved One To The Doctor Day	DOH/DMHSAS

Work closely with Coordinated School Health Program placing coordinators in the schools/Colleges to educate youth about the harmful effects of tobacco.	DOH/DOE/DMHSAS
TUPCP works closely with the Department of Agriculture and DMH-DADAS on Synar and Enforcement as it relates to youth tobacco prevention.	DOH/DMHSAS
Develop, organize and maintain youth councils which focus on strategies to increase enforcement of the youth access law by working with retailers, law enforcement, the judicial system and the public;	DOH/DMHSAS/DOE
Provide TN Tobacco Quitline services to Tennesseans to help them quit using tobacco including support for Tennesseans who want to quit smoking or chewing tobacco.	DOH
Deliver programs that teach youth not to use tobacco products. General Health and Wellness classes taught in the youth development centers teach dangers of smoking and using tobacco products.	DCS
Implement the Primary Prevention initiative utilizing evidenced-based community level strategies in counties where youth tobacco use has been identified as a priority.	DOH
Fund community coalitions to implement a comprehensive implementation plan to reduce tobacco use in their community and region.	DMHSAS

Objective 5.2	**WHO**
Objective 5.2: Increase exposure to prevention messages and activities related to reducing tobacco use among youth.	
Action Items	
Complete an inventory of current prevention messages and activities targeted to reduce tobacco use among youth.	SPE Workgroups
Fund community coalitions to implement a comprehensive implementation plan to reduce underage/binge drinking in their community and region.	

Objective 5.3	**WHO**
Objective 5.3: Increase evidence- based community- level strategies aimed at reducing tobacco use among adults.	
Action Items	
Coordinate educational, training and prevention activities of the Tobacco Technical Assistance Consortium (TTAC) with the National Tobacco Control Program (NTCP) to impact 4 goal areas including eliminating nonsmokers' exposure to secondhand smoke, promotion of quitting among adults, and	DOH

identification and elimination of tobacco-related disparities.	
Conduct and support statewide tobacco control advocacy initiatives through the TN Anti-Tobacco Advocacy Program (TATAP) and by assistance to the Tobacco Use Prevention and Control Program (TUPCP) – examples around the state include West TN Slam Dunk Tobacco, Middle TN Tobacco Prevention Quilt Wall and East TN Kick Butts Day Carnival	DOH
Partner with community organizations/coalitions to plan, provide and/or participate in tobacco related social marketing campaigns that include local media coverage to advance public awareness and initiate a change in tobacco related social norms such as, the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Public Health Week, and Take A Loved One To The Doctor Day	DOH
Provide TN Tobacco Quitline services to Tennesseans to help them quit using tobacco including support for Tennesseans who want to quit smoking or chewing tobacco.	DOH
Implement the Primary Prevention initiative utilizing evidenced-based community level strategies in counties where youth tobacco use has been identified as a priority.	DOH
Fund community coalitions to implement a comprehensive implementation plan to reduce tobacco use in their community and region.	DMHSAS

Objective 5.4	**WHO**
Objective 5.4: Increase exposure to prevention messages and activities related to reducing tobacco use among adults.	
Action Items	
Complete an inventory of current prevention messages and activities targeted to reduce tobacco use among adults.	SPE Workgroup

Objective 5.5	**WHO**
Objective 5.5: Evaluate results of targeted prevention services to youth and adults at risk of tobacco use.	
Action Items	
Obtain and aggregate baseline data for indicators.	SPE SEOW

Objective 5.6	**WHO**
Objective 5.6: Assist health care organizations and providers in developing expertise and standard protocols in the prevention of tobacco use among youth and adults.	

Action Items	

Indicators: Goal 5	
Process: Number of prevention messages; Number of youth and number of adults attending smoking prevention education; Number of smoking cessation classes; Number attending smoking cessation classes.	
Outcome: Past 30 day youth use of tobacco (YRBS), Past 30 day adult use of tobacco (BRFS)	
Consequence: Synar rate; Illegal sales to minors; PRAMS; maternal smoking category on birth certificates	

Evaluation Plan – EMT will develop the evaluation plan as part of their statewide evaluation contract with the DMHSAS in FY 13. In order to complete a comprehensive evaluation plan EMT must first know if an inter-departmental reporting system will be available. The availability of this system is an enhancement identified by the Policy Consortium and is requested in the state's no cost extension of the SPE project.

TN SPE Prevention Plan Sustainability

From the beginning of the TN SPE planning process, the Policy Consortium and Work Group members have emphasized the importance of creating a collaborative approach that builds on success and is sustainable over time. Early in the planning effort, these stakeholders articulated a common vision for achieving stronger prevention outcomes in critical areas that impact Tennesseans throughout the state. The groups also defined what is required to strengthen the infrastructure of prevention services in TN including:

- Establishment of a data-driven and coordination service delivery system;
- Shared use of data;
- Enhanced capacity to measure process and outcomes data; and
- Coordination of limited resources.

The SPE partners recognize that strengthening and enhancing the State of Tennessee's prevention infrastructure requires an ongoing commitment by all stakeholders. The strong commitment of partners in this initiative is evident not only by their willingness to create this TN SPE Strategic Plan, but also to support its implementation. Policy Consortium members have developed mutual agreements for sharing data and for

continued financial support of the TN SPE Prevention initiative. Work Group members, energized by initial progress and their interest in "breaking down silos" within the prevention field, have signed on to implement capacity building objectives as well as those aimed at impacting priority prevention outcomes. Most importantly, members of the Policy Consortium and Work Groups alike view this plan as a sound starting point and framework for their work together in the months and years ahead.